M18000003075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA sign W18-25863

Office Use Only

100310040381

03/15/18--01023--005 **125.00

FILED
18 MAR 28 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 30 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2018

GREG TALAGA
1906 TONKA TERRACE
WESLEY CHAPEL, FL 33543

SUBJECT: RESPONDER BIOMEDICAL SERVICES, LLC
Ref. Number: W18000025863

RECEIVED
2018 MAR 28 AM 9:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for RESPONDER BIOMEDICAL SERVICES, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00005396

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Responder Biomedical Services, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Greg Talaga
Name of Person

Responder Biomedical Services, LLC
Firm/Company

1906 Tonka Terrace
Address

Wesley Chapel, FL 33543
City/State and Zip Code

greg.talaga@responderbiomedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Talaga at (219) 742-8471
Name of Contact Person | Area Code | Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ■ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Responder Biomedical Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4921110
(FEI number, if applicable)

4. 3-2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1906 Tonka Terrace
(Street Address of Principal Office)
Wesley Chapel, FL 33543

6. 1906 Tonka Terrace
(Mailing Address)
Wesley Chapel, FL 33543

FILED
18 MAR 28 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Greg Talaga

Office Address: 1906 Tonka Terrace

Wesley Chapel, (City), Florida 33543 (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	**Name and Address:**	**Title or Capacity:**	**Name and Address:**
President	Lisette Talaga 1906 Tonka Terrace Wesley Chapel, FL 33543	Authorized Rep.	Greg Talaga 1906 Tonka Terrace Wesley Chapel, FL 33543

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

GREG TALAGA
Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

RESPONDER BIOMEDICAL SERVICES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 12, 2013, and was in existence or authorized to transact business in the State of Indiana on March 12, 2018.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 12, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2013111200286 / 2018556842
Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate